

TITLE IV-E/FFP REIMBURSABILITY DETERMINATION:

PURPOSE:

The purpose of this form is to provide a worksheet for the Eligibility Specialist (ES) to determine Title IV-E reimbursability. When a child is eligible for Title IV-E, Title IV-E reimbursability is determined on a monthly basis. The form is completed in black ink or typed.

NUMBER OF COPIES AND DISTRIBUTION:

The original is retained in the Children's Services Financial Assistance record. When a child is not Title IV-E Reimbursable in a given month(s), a copy of this form is sent to the Program Development Systems Unit (PDSU) (see MONTHS OF TITLE IV-E REIMBURSABILITY in these form instructions).

INSTRUCTIONS FOR COMPLETION:

NOTE: This form is designed with a "decision tree" format. Instructions on the form itself will advise the ES how to proceed. The ES shall always sign and date the form.

ONE TIME CRITERIA:

Child's Name: Enter the child's name as it appears on the SS-61.

DCN: Enter the child's DCN.

Eligibility Month: Enter the month/year the child became eligible for Title IV-E.

REASONABLE EFFORTS:

Court Order: Check "Yes" or "No." When "Yes," enter the requested information.

CONCURRENT RECEIPT OF SSI AND TITLE IV-E:

SSI Benefits: Enter "No" or "Yes." If "Yes," enter the requested information.

FIRST POSSIBLE REIMBURSABLE MONTH:

Date of Court Order: Enter the month/day/year of the Court order that contains the "Reasonable Efforts" statement.

SSI Date: Enter the month/day/year, when applicable, that the child is no longer in receipt of SSI.

First Possible Reimbursable Month: Enter the month/year of the First possible reimbursable month.

MONTHLY CRITERIA:

Review Period: Enter the month/year, from/through of the review period.

Age: Enter the requested child age/birthdate information and the child's age during the review period.

Review period: Enter the dates (from, to) of the review period.

Age: Enter the requested information regarding the age and birthdate of the child.

Age 18 or Over: Check "No" or "Yes." If "No," enter the requested information.

DEPRIVATION:

Deprivation in Removal Home: Check "Yes" or "No." If "No," enter the requested information.

REIMBURSABLE PLACEMENT:

Placement: For a DFS child, check "Yes" or "No." If "No," enter the requested information. For a DYS youth, write "N/A, DYS will determine."

FINANCIAL NEED OF THE CHILD:

Child Assets and Income: Check "No" or "Yes." If "Yes," enter the requested information.

AFDC Standard: Check "Yes" or "No." If "No," enter the requested information.

Gross Income: Check "Yes" or "No." If "No," enter the requested information.

Net Income: Check "Yes" or "No." If "No," enter the requested information.

MONTHS OF TITLE IV-E REIMBURSABILITY:

Title IV-E Reimbursable: Enter the month/year from/through of the child's Title IV-E reimbursability.

Not Title IV-E reimbursable: Enter the month/year from/through when the child was not Title IV-E reimbursable. Send a copy of this form to PDSU for a DFS child if a Title IV-E maintenance payment was made in error (child was not reimbursable) or a child

is found to have been reimbursable when previously thought to be not reimbursable.

SIGNATURE: The ES signs and dates the form.

INSTRUCTIONS FOR RETENTION:

A copy of this form is retained in the Children's Services Financial Assistance record until the DFS child's record is destroyed as specified in the Alternative Care Handbook or a DYS, youth's case has been destroyed via DYS notification.

MEMORANDA HISTORY: CS91-6; CS92-17

